

**CHEC THERAPY FORM FOR PEDIATRIC PATIENTS NEEDING
PHYSICAL, OCCUPATIONAL, OR SPEECH THERAPY IN THE HOME
SETTING**

TO BE COMPLETED WITH EACH THERAPY REQUEST.

1. State diagnosis and include brief history of the child and any treatments, equipment, and services the child has had prior to this request.

2. If initial request, state deficits on evaluation. If recertification request, state measurable improvements since the last request. State goals and number of visits requested. State estimated end date of services or transition to outpatient services.

3. State why child must receive services in the home setting. Include if the child is attending school, medical conditions that would be prohibitive, and supporting labs, etc. Must be very specific.

4. State if the child is on the Tech Dependent Waiver, or Early Intervention. If the child is under 3 years old, a referral must be made to Early Intervention. State if the child has a primary payer.

5. Be sure to include request form and plan of care (485) with each request. All prior authorizations go through the end of a given cert period.